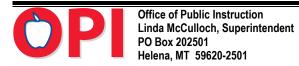


This fame is assumed in a		L T:41- 00	Charter 10 Dart 1 MCA	Cabaal di	twist official second assemblate		ala lavra varida da ad	
receives state reimbursen					strict official must complete ilize the services.	one form for ea	ach bus route that	
Due		To C	ounty Sup		Rate Per Mile			
All Routes				ber 1	;	\$0.95		
County Name			County Number	District	Name		Legal Entity Number	
Carter			06	Ekala	ka Elementary	lo monto m		
Route #	Lengt	th of Route	e (miles per day)		ka Elementary ˙Service □ Bus Route N	lileage	0087 Rated Capacity	
2 Hwy 7	128				□ Non Bus Mile	-	16	
Vehicle I.D. #		License #	:		ao reato milago			
2011		116	□ District Owned □ Contract - If so, Name of Owne					
3011					cted rate per mile			
Reimbursement Distribution	on- Enter the	legal enti		e of state/co atch budget		oaid to each dis	to each district. Note: Percentages	
Legal Entity 0087		Legal Ent	tity	Legal E	ntity	Legal Entity	Legal Entity	
% 100.00		%		%		%		
PASSENGER INFORMAT	TION							
Number of Preschool/Kind	dergarten pur	oils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS	
riding this route			,		,	,		
					b		С	
Regular (include eligible Pres	chool/Kinderga	arten	NUMBER		NUMBER	a + b		
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Service								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance								
agreement) (Include ineligible Preschool/l		ders)						
Nonpublic School Riders (ine		40.07						
TOTAL RIDERS								
We hereby certify that this	hus will operat	te entirely o	on the route established by the	Board of Tri	stees and within the transport	ation area assigna	ed and approved by the	
County Transportation Comm	nittee. We furth	ner certify th	nat this bus transports pupils e	eligible for sch	nool transportation as defined be eports to the State Superintender	y 20-10-101, MC/	Α.	
required; to provide a vehicle	which meets th	ne minimun	n standards as established by	the Board of	Public Education, the Montana	ı Highway Patrol a		
We also agree to refrain fr	om soliciting or	r causing ot	thers to solicit students from o	ther transpor				
We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.								
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed the school boards of both districts shall be attached to the county superintendent's copy of this document.								
We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees			main the transportation se	I VICE aled a	soigned by the County Ha	Date	minuco.	
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation								
area assigned to it by the	County Trans	sportation				· ·		
Signature - Chair, County Transportation Committee  Date								



This form is required in accorda receives state reimbursement e								
<b>Due Dates</b> All Routes			County Supt	To OPI October 15		Rate Per Mile \$0.95		
County Name		County Number	County Number District Name			Legal Entity Number		
Carter		06	Ekala	ka Elementary		0087		
Route #	Length of Ro	oute (miles per day)		Service   Bus Route Mi	-	Rated Capacity		
1	144		Bus R	□ Non Bus Mile coute Mileage	age	47		
Vehicle I.D. #	License	<del>;</del> #	□ District Owned			District Owned		
8997	120			ct - If so, Name of Owner cted rate per mile				
Reimbursement Distribution- En	iter the legal e		ge of state/co match budget		aid to each dis	to each district. Note: Percentages		
Legal Entity	Legal E		Legal E		Legal Entit	у		
0087								
% 100.00	%		%		%			
PASSENGER INFORMATION								
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RII (Grades PK-8		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a + b		
Regular (include eligible Preschool/h	Kindergarten	NUMBER		NOMBER		a · b		
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees					Date			
This Application for Registration area assigned to it by the Count	of School Bus y Transportati	s and State Reimbursemer on Committee.		accordance with Section 2 eviewed and I certify that this	20-10-132, MCA. his bus operates within the transportation			
Signature - Chair, County Transporta	ation Committee				Date			



This form is required in accordant receives state reimbursement events.								one form for e	
<b>Due Dates</b> All Routes		<b>To County Supt</b> October 1			t	<b>To OPI</b> October 15		Rate Per Mile \$1.15	
County Name			County Number		District Name		Legal Entity Number		
Carter			06		Carter County High School			0097	
Route #	Length of F	Route	oute (miles per day)				<ul><li>□ Bus Route Mil</li><li>□ Non Bus Milea</li></ul>		
1 Mill Iron	100				Bus R	oute Mil	eage		54
Vehicle I.D. # Licens					<ul> <li>□ District Owned</li> <li>□ Contract - If so, Name of Owner</li> </ul>				
4186	14				Contra	cted rate p	oer mile		
Reimbursement Distribution- En	ter the legal	entity			f state/co h budget		oursement to be pa	id to each district. Note: Percentages	
Legal Entity 0097	Lega	I Entity	у		Legal E	ntity		Legal Entity	
% 100.00	%				%			%	
PASSENGER INFORMATION		Τ	ELEMENTARY RID		3	F	IIGH SCHOOL RI	DERS	TOTAL
Number of Preschool/Kindergart riding this route	en pupils		(Grades PK-8)				(Grades 9-12	)	ELIGIBLE RIDERS
			a NUMBER				b NUMBER		c a + b
Regular (include eligible Preschool/K riders)	indergarten								
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related Service									
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement)	ance								
(Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	arten riders)								
TOTAL RIDERS									
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Signature - Chair, Board of Trustees			are achieportation of	J. VIC		Date			
		2	manaitta a Ammuna'		salma al II			0 40 400 55	24
This Application for Registration area assigned to it by the County	us and ation C						bus operates		
Signature - Chair, County Transporta	tion Committe	ee						Date	



This form is required in accorda receives state reimbursement e							one form for e	ach bus route that		
<b>Due Dates</b> All Routes					<b>To OPI</b> October 15		Rate Per Mile \$1.15			
County Name			County Number District N			ame		Legal Entity Number		
Carter			06	Ca	rter (	County High School		0097		
Route #	Length o	of Route (	, , , , , , , , , , , , , , , , , , , ,			Service □ Bus Route Mil □ Non Bus Milea				
2	208					oute Mileage	54			
Vehicle I.D. #	Lic	ense #	-			District Owned District Owned Contract - If so, Name of Owner				
3962	72	2				ed rate per mile				
Reimbursement Distribution- En	iter the le	gal entity		ge of state		nty reimbursement to be pa	paid to each district. Note: Percentages			
Legal Entity 0097	Le	gal Entity			al Ent	iity	Legal Entit	у		
% 100.00		%		9/	%		%			
PASSENGER INFORMATION			ELEMENTA DV DID	NEDO.		LIIOU OOLOOL DI	DED0	TOTAL		
Number of Preschool/Kindergar riding this route	Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RIDER: (Grades PK-8)		HIGH SCHOOL R (Grades 9-1			TOTAL ELIGIBLE RIDERS		
			a NUMBER		b NUMBER			c a+b		
Regular (include eligible Preschool/k riders)	Kindergarte	en	NOWBER			IAOIMIDEIX		a i b		
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related Service										
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)										
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arteri rider	5)								
TOTAL RIDERS										
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orginature - Criair, Board of Trustees						Date				
This Application for Registration area assigned to it by the Count	of Schoo y Transpo	ol Bus and ortation C	d State Reimbursemen			ccordance with Section 2 iewed and I certify that this				
Signature - Chair, County Transportation Committee Date										



receives state reimbursement e  Due Date All Routes		ther legal entity may utilize the services.  To County Supt October 1  October 15					Rate Per Mile			
County Name			County Number	ſ	District N	Name			Legal Entity Number	
Carter			06		Carter County High School				0097	
Route #		gth of Rou	oute (miles per day)  Type of Se			Service □ Bus Route Mileage □ Non Bus Mileage			Rated Capacity	
Vehicle I.D. #	Beaver Flats 60  chicle I.D. # License #			Bus Route Mileage □ District Owned				istrict Owne	48 ad	
3658 48			☐ Contract - If so, Name of Owner☐ Contracted rate per mile☐						<del></del>	
Reimbursement Distribution- Er	nter the	e legal en					ursement to be pa	id to each dist	rict. Note: Percentages	
Legal Entity 0097				must match budget! Entity Legal Entity 0087			Legal Entity			
% 100.00		%			%			%		
PASSENGER INFORMATION				V DIDER	<u> </u>		ICII ECIIOOL DI	)EDC	TOTAL	
Number of Preschool/Kindergal riding this route	rten pu	ipils	ELEMENTAR` (Grades F		5	Н	IGH SCHOOL RIE (Grades 9-12)	JEKS	TOTAL ELIGIBLE RIDERS	
				a NUMBER			b NUMBER		c a + b	
riders)	Regular (include eligible Preschool/Kindergarten riders)									
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related Service										
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)										
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		iders)								
TOTAL RIDERS										
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County This Application for Registration area assigned to it by the Coun	n of Scl	hool Bus								
			Signature - Chair, County Transportation Committee Date							